Interprofessional Education for 21st Century Care

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Professional Identity

Take 1 minute to explain your profession to your neighbor.

Avoid using the name of your profession.
Professional Identity

Did you “get it right”?
Background:
I am a medical student.
I am also a nurse.
Identity has been a little tricky.
“Teamwork training for interprofessional collaborative practice in health professions education has lagged dramatically behind these changes in practice, continually widening the gap between current health professions training and actual practice needs and realities.”

-IPEC Core competencies for collaborative practice, 2011
1. Research

We set out to find out from non-physician members of the healthcare team:

➔ What do they wish physicians knew about their profession?  
[Emphasis on new physicians]

➔ What makes a good collaborative relationship?

➔ How do they describe their role?
Methods:

- Focus groups
- Shadowing
- Feedback on proposed curriculum
- On-camera interviews
Who participated?

Healthcare Professional Participants by Type of Participation

- Focus Group (n=42)
- Shadowed (n=7)
- On-Camera (n=16)

Total Individual Participants n=50

- Dietitians
- Rehab Therapists
- Pharmacists
- Nurses
- Social Workers
- Case Managers
What do you wish new physicians **knew** about your profession?
### Top 5 “misconceptions” by profession

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Learn about what we do

- Learn about what we can do
- Learn about our process
- Needs improvement
- Be considerate of our limits
- We feel disrespected
“I’ve seen medical students say ‘oh can you just talk to them about low sodium.’ I’m not there to talk to them about low sodium. I’m there to show them a solution which includes a low sodium diet and how that can mesh and produce outcomes that only the patient will benefit from. So I think that key part, I sometimes feel it's just so downgraded to just like, ‘just go and talk to them. Give them a sheet of paper.’ That's not the way I wanted it.”

-Dietitian
“[W]e arrange family meetings and we do a lot of processing with families and caregivers and I don’t think the medical team sometimes acknowledges how much we can be part of that discussion, especially end-of-life discussions, advanced care planning discussions.”

-Social Worker
Learn about our process

- Learn about what we do
- Learn about what we can do
- SLPs and NPO status
  - Needs Improvement
  - Be considerate of our limits
  - We feel disrespected
  - Medication gatekeeper
  - Consequence of signed prescriptions
  - Nurses “Bite”

- Dietitian
- Rehab
- Social Work and Case Management
- Pharmacy
- Nursing
“[W]e’re constantly being told that like as a pharmacy department, we need to be optimizing these things. So as a team, like moving forward … it can only get better with collaboration with you guys. So I think that's something we like to keep in the back of your head. Like if we’re saying, ‘No, this med is too expensive.’ We’re not saying it because we don't care about the patient. It's just the balance of cost.”

-Pharmacist
Needs Improvement

- Learn about what we do
- Learn about what we can do
- Learn about our process
- Lab tests and malnutrition
- Be considerate of our limits
- We feel disrespected

Admit your limitations

Dietitian | Rehab | Social Work and Case Management | Pharmacy | Nursing
“Malnutrition is kind of just thrown around willy-nilly. And this is actually... a medical diagnosis that you can bill for and there's criteria for it that you need to assess instead of just saying, ‘This patient has low albumin. They're malnourished.’ And they're like, in liver failure, like it just doesn’t make any sense.”

-Dietitian
Be Considerate of our Limitations

Learn about what we do
Learn about what we can do
Learn about our process
Needs Improvement
Rehab consults on admission
We feel disrespected
Mobility vs Rehab
Solve any problem
After hours discharges
Discharge coordination

Dietitian
Rehab
Social Work and Case Management
Pharmacy
Nursing
Be Considerate of Our Limits:

“[I]s it a musculoskeletal issue that therapy should be involved with because they had orthopedic surgery or other things; or, is it something that actually just the patient needs to be mobilized?”

-Rehab Therapist
We feel disrespected
When I call to clarify physician's orders I either get two things, either respect and appreciation... Or, why can't you just do that? I don't understand why it's that difficult. And so the latter being a bit demeaning and really not feeling the sense of teamwork and that interprofessional communication and respect that I would appreciate.

-Nurse
Top 5 “misconceptions” by profession

- Dietitian vs Dietary
  - Learn about what we do
  - Nutrition in the care plan
- Can’t force behavior change
  - Mild cognitive impairments
- In-depth nutrition education
  - Counseling Interventions
- Rehab roles
  - Write prescriptions
- Don’t know hospital prices

- SLPs and NPO status
  - Medication gatekeeper
- Consequence of signed prescriptions
- Nurses “Bite”

- Lab tests and malnutrition
  - Admit your limitations
- Mobility vs Rehab
  - Solve any problem
- Updates on the plan of care

- Be considerate of our limits
  - Rehab consults on admission
- Questioning and clarifying orders
- After hours discharges

- We feel disrespected
  - Questioning and clarifying orders

- Dietitian
- Rehab
- Social Work and Case Management
- Pharmacy
- Nursing

- Discharge coordination
- Updates on the plan of care
Top 5 “misconceptions” by profession:

“I think we probably already have a collaborative relationship with the medical team.”

-Pharmacist
Top 5 “misconceptions” by profession:

“We [in psych] are pretty on it... we have our rounds, we know all this stuff... we talk directly to doctors, social workers, pharmacy and we find out everything so we are all on the same page every day.”

-Psych Nurse
“I think it’s important in any working situation that you know the people that you’re working with. It just shows a level of respect for how you contribute to the team and what you do”

-Dietitian
The problem: Many non-physician team members feel that physicians do not adequately understand their role. Many also feel disrespected by physicians.
How do we fix this?

1. Educate
2. Culture shift

How do we accomplish this?
1) With tremendous help from many people
We created a curriculum
VIDEOS: Misconceptions & Pointers for new physicians

On-line: Educational background, role description, specialty area etc.
2) How do we create a culture shift?

Let’s start with:

What makes a good collaborative relationship?
Elements of a good collaborative relationship:

Attitude
- We’re on the same Team

Knowledge Sharing
- Ask for input
- Keep in the loop
- Explain rationale

Team Focused Action
- Back up other team members
- Prioritize Multidisciplinary Rounds
Elements of a good collaborative relationship:

- **Attitude**
  - We’re on the same Team

Team Oriented

**Knowledge Sharing**
- Ask for input
- Keep in the loop
- Explain rationale

**Team Focused Action**
- Back up other team members
- Prioritize Multidisciplinary Rounds
How do we make medical school more team-oriented?
Professional Identity

Historically the physician-patient relationship has been viewed as the most important relationship in the profession.

How can we shift this so that relationships with team members become equally important?
If this is what medical school teaches us to expect physician relationships will be like:
Then entering practice, this might come as a shock:

How can we be team focused if all these relationships are extra ‘burdens’ we were not prepared for?
How can we learn to value and celebrate these relationships?
What if we started here?

By inviting some of these people to welcome new medical students to the healthcare team
Thoughts?

- How can this fit in with the new curriculum?
- Given ritual as a means for organizational change, how could we incorporate other health professionals into the SOM?
Thank you!

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